

# LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbying Registration Number

## Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 5-11-07

SUPP

1070296

SCANNED

JUL 09 2007

By: G

6/2/07 MOD

1. NAME Robin Dan A. Last First MI

2. BUSINESS PHONE 985-893-0906

3. BUSINESS ADDRESS 81125 Hwy 1129 Covington La. 70435 Street and No. City State Zip

MAILING ADDRESS 81125 Hwy 1129 Covington LA 70435 Street and No. City State Zip

4. EMPLOYER DAR INC. / s/o/a Robin + Associates

5. EMPLOYER'S ADDRESS 81125 Hwy 1129 Covington La. 70435 Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes      No     

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name La. Nursing Association of Nurses Anesthetists LTD

Address P.O. Box 55261 Metairie, La. 70055

Business or purpose Nursing anesthetists

☒ New Representation  
Does this person pay you? yes

If No, who pays you?     

☐ Terminated Representation as of

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2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
☐ New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
☐ New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Don A. Robin  
Signature of Lobbyist